PTO/SB/06 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD P01252US OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY SMALL ENTITY (Column 2) (Cokers 1) RATE FEE NUMBER FILED NUMBER EXTRA FOR RATE FEE BASIC FEE **370** OR 700 370 (37 CFR L.16(a)) TOTAL CLAIMS x \$ 18 x **s9** OR minus 20 = 41 369 61 INDEPENDENT CLAIMS 42= OR <u> 184 - </u> minus 3 = 126 (07 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFB 1.16(4)) 140 OR +280= 865. **O**R TOTAL TOTAL If the difference in column 1 is less than zero, eater "0" in column 2 OTHER THAN **CLAIMS AS AMENDED - PART II** OR SMALL ENTITY SMALL ENTITY (Cohuma 3) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-⋖ REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT AFTER** PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total = Minus 6 (37 CFR 1.16(c)) OR Independent Minus Ok (37 CFR 7.16(b)) (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST' ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL RATE TIONAL AMENDMENT AFTER **PREVIOUSLY EXTRA** FEE FFE AMENDMENT PAID FOR OR Total .. = Minus OR *** Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(6)) OR TOTAL TOTAL OR TOTAL ADDIT, FEE ADDIT FEE (Cohumn 1) (Column 2) (Column 3) **CLAIMS** ADDI-HIGHEST ADDI-PRESENT REMAINING NUMBER RATE TIONAL TIONAL RATE AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT **PAID FOR** OR ** Total = Minus OF CFR LIKE OR Independent • Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT FEE ADDIT. FEE *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will very depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark
Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for
Patents, Washington, DC 20231.